to know over the years, and his entire family. Senator Chafee's unique style and his physical and moral courage are irreplaceable. The country has lost a great public servant. We are all poorer with his demise, and we will all miss him.

I yield the floor.

The PRESIDING OFFICER. The Senator from Oregon is recognized.

Mr. WYDEN. Mr. President, I ask unanimous consent that I be allowed to speak for up to 15 minutes as in morning business.

The PRESIDING OFFICER. Without objection, it is so ordered.

PRESCRIPTION DRUG COVERAGE FOR SENIORS

Mr. WYDEN. Mr. President, this is the sixth time I have come to the floor in recent days to talk about Medicare coverage for prescription medicine and particularly to talk about bipartisanship. I want to talk about this issue of prescriptions for senior citizens.

I am very pleased to see my good friend and colleague from Oregon in the chair. He has been extremely supportive of the effort Senator SNOWE and I have been making over these last few months to try to show that we can deal in a bipartisan manner with this issue of prescription drugs for the Nation's elderly. I think a lot of people have pretty much consigned this issue to part of the campaign trail in the fall of 2000 and that Republicans and Democrats are just going to fight about it and nothing is going to get done. But what Senator SNOWE and I have been talking about for the last few weeks is that we ought to act on this now; we ought to deal with it in this session of Congress. I thank the Chair, my friend and colleague from Oregon, because he has been very supportive.

I am going to read this afternoon, as I have done on five previous occasions, from some of the letters we are getting from seniors across the State of Oregon who are concerned about this issue. In fact, this is part of a campaign Senator SNOWE and I are making to urge seniors across the Nation, as we say in the poster, to send in their prescription drug bills. We hope they do send them to their Senators, in the hopes that we can galvanize bipartisan action in this session. It is more than a year until the next election. It would be a shame, with all of the suffering and hardship we are seeing in these letters, to have the Senate just take a pass on this issue and say, well, we will deal with it some other time and on some other day.

So I am going to, as I have on five previous occasions, read from some of these letters in an effort to try to make the case for bipartisanship and action in this session.

One senior from Lebanon wrote recently that she has about $990 per month in income. This senior spends about $175 of that for just one prescription each month. That leaves this older person a little over $700 a month on which to live. Think about what it is actually like for a senior citizen on a $990-a-month income to spend $175 of that for just one prescription each month. It is pretty clear that you just can't pay for necessities if you have to pay out of your monthly income that very large prescription drug bill.

It would be one thing if that letter were a rarity, but here is another letter I got recently from a couple in The Dalles, OR—the Chair and I have been in that community often—who has to spend something like $1,500 a year for tamoxifen, a drug used to fight cancer. It is very clear that with their other health expenses, their dental work, eyeglasses, a variety of things that Medicare doesn't cover, this couple in The Dalles, OR, is walking on an economic tightrope, having to balance food costs against fuel costs, their fuel costs against their medical bills.

So I am very hopeful that, as a result of this campaign Senator SNOWE and I are making to urge seniors to send in their prescription drug bills, we are going to have a chance to respond in this session.

I see our good friend, Senator MOYNIHAN. He has really led in the area of health research and prevention. We talked a little bit about it on Friday last. What is so important about this issue and dealing with it in this session of Congress and not in 2001—by the way, we won't have the good fortune of having Senator MOYNIHAN as a Member of this body then. The reason we ought to deal with it now is that the drugs seniors need most are preventive in nature.

Back when I was director of the Gray Panthers, which was for about 7 years before I was elected to the Congress—and I think the Chair was still practicing law at that time. It is clear that these new drugs can make a tangible, significant difference in the lives of our elderly people. I talked about a drug last week, an anticoagulant that a senior could get for just over $1,000 a year; and if they take that medicine, it can prevent strokes and debilitating illnesses that can cost more than $100,000 a year. Think of it—a modest, preventive investment in an anticoagulant drug, helping us to save $100,000 that seniors might need to treat a debilitating stroke.

I am going to be brief this afternoon. I am going to wrap up with a few additional cases.

In Portland, I was told by a constituent about her mother and father. They are 83 and 79 years old. Right now at their home in Portland, OR, they are being treated for diabetes, hypertension, and a variety of illnesses relating to arthritis. They have a monthly income of $1,600 a month. They are spending more than $400 of it on prescription medicine—25 percent of their monthly income for an older couple 83 and 79 in our home State of Oregon just for prescription medicine.

From Silverton, OR, a senior sent me a copy of all of her prescription drugs for 1 year. She spent more than $1,000. Her annual income that year was $868 a month. She is spending more than 10 percent of her income on prescription drugs.

From Astoria, OR, a couple on a modest income wrote that for the first 10 months of 1999 they spent over $5,000 on their prescription drug costs.

What Senator SNOWE and I have said is that we have an opportunity to deal with this on a bipartisan basis. We can steer clear of price controls and one-size-fits-all Federal policy. We can use a model that we know works. It is based on the Federal Employee Health Plan, one that serves all of us and our families here in the Senate.

Our bill is called the SPICE Program, the Senior Prescription Insurance Coverage Equity Act.

Our legislation now is the only bipartisan prescription drug bill now before the Senate.

Frankly, I am very confident in the bipartisan team I see assembled from the Finance Committee with Chairman ROTH and Senator MOYNIHAN.

I would like to see as a result of seniors sending in to all the Senators—as this poster says, ''Send in your prescription drug bills''—I would like to see the Senate Finance Committee have the opportunity under Chairman ROTH and Senator MOYNIHAN to devise a good bipartisan proposal in this area.

Senator SNOWE and I have an approach that we think works. More than 54 Members in the Senate have voted for the funding mechanism we have proposed. We have a majority in the Senate already on record supporting the funding approach that we would take.

Frankly, when Chairman ROTH and Senator MOYNIHAN sit down, they may well have better ideas for dealing with it. It is not as if Senator SNOWE and I are saying we have the last word in terms of dealing with this issue. What we are saying is given the severity of the problem, given the stakes and the chance to do some real good with anticoagulant drugs where $1,000 a year worth of help can save $100,000 in terms of the cost of a stroke, let's go forward, and let's not let this issue become fodder for the 2000 election.

I am going to wrap up because the chairman and Senator MOYNIHAN are here. They want to talk about this important trade bill, which I also happen to support.

But I hope seniors will keep sending me copies of these bills. Just as the poster says, ''Send your prescription drug bills'' to your Senator. Senator SNOWE and I are collecting these.

We are going to talk again and again on the floor of the Senate about the importance of this issue.

I think we can do this with market forces. We can use an approach that gives senior citizens the kind of bargaining power that a health maintenance organization has.

What is so sad about this is these vulnerable older people, such as the

ones I have described in these letters, are getting hit twice.

First, Medicare doesn't cover their prescriptions. When the program began in 1965, it didn't cover the cost of prescriptions. So there is no coverage either under Part A or Part B of Medicare for most of the Nation's seniors.

Second, the seniors end up subsidizing the big business. Big buyers can get discounts.

So you have big buyers, health plans, and a variety of big purchasers using their marketplace clout in order to get a good price, and the senior citizen in Silverton or Pendleton, the Presiding Officer's hometown, who walks in and buys their prescription off the street ends up subsidizing those big buyers. That is not right.

Senator SNOWE and I are going to continue to try as a result of our conversation with colleagues to catalyze a bipartisan effort to address this issue.

I think the question of adding prescription drugs to Medicare would be a real legacy for this session of the Senate.

I think about all of the accomplishments of Senator MOYNIHAN in this health care field over the years, what he has done in terms of graduate medical education, and what he has done in research is extraordinary. I would like to see as part of the great legacy that he leaves for his career in the Senate action on this bipartisan issue before he retires at the conclusion of this session of Congress.

Mr. President, I will be back on the floor—I know Senator SNOWE intends to as well—talking about this issue. We hope seniors send us a copy of their prescription drug bills. We are going to address this issue in a bipartisan way. I will be back on the floor soon to talk about this issue and bring other real, live, concrete cases to the Senate in hopes, as the Presiding Officer of the Senate and I have done at home in Oregon, we can work on this in a bipartisan kind of way.

I yield the floor.

The PRESIDING OFFICER. The Senator from New York.

Mr. MOYNIHAN. Mr. President, I rise once more to thank our dear colleague, the Senator from Oregon, for his remarks and his typically self-effacing mode. He said we may not have the last word. Indeed, we may not. But we have the first word. We have to do this together; that is, both sides of the aisle. We can. He and the Senator from Maine have the votes. But we need a vehicle.

His most important point is that medication is now making that great move from treatment of disease to prevention. That is always the great advance in health for everyone. The single most important health measures that we have done in the last century have been to clean up our water supplies so that we don't get ill. These drugs do the same.

He is right. I am with him.

I yield the floor, sir.

The PRESIDING OFFICER. The Senator from Delaware.

UNANIMOUS-CONSENT AGREEMENT—H.R. 434

Mr. ROTH. Mr. President, I ask unanimous consent that the Senate turn to the consideration of H.R. 434 at 10:30 a.m. on Wednesday, notwithstanding rule XXII, and the yeas and nays be vitiated on the motion to proceed.

The PRESIDING OFFICER. Is there objection?

Mr. MOYNIHAN. There is no objection.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. ROTH. In light of this agreement, there will be no further votes this evening.

MORNING BUSINESS

Mr. ROTH. Mr. President, I ask unanimous consent that there now be a period for the transaction of routine morning business with Senators permitted to speak for up to 10 minutes each.

The PRESIDING OFFICER. Without objection, it is so ordered.

The Senator from New York.

IN HONOR OF SENATOR JOHN CHAFEE

Mr. MOYNIHAN. Mr. President, as have so many of our colleagues today, I rise to speak in memory of and in praise of John Chafee. He was my dearest friend for nigh onto a quarter century.

We came to the Senate together in 1977. As it happens, we were both appointed to the same committees. As we all know, the life of a Senator very much depends on the committees he or she is appointed to and the amount of time that they remain on those committees.

We were appointed to the Committee on Finance with its enormous range of jurisdiction, and to the Committee on Environment and Public Works. Only recently at that point had the ''environment'' come up and made its way onto the title of what had previously been a Public Works Committee. We worked together on both committees from the very first. These are exceptional committees. Possibly because of the great common interests that are dealt with, they have been exceptionally bipartisan committees.

I point out at this point we have three measures before the Senate: The trade legislation which we will go to tomorrow morning, the tax extender legislation which we must get to, and the Medicare and Medicaid amendments to the Balanced Budget Act of 1997. All three of these measures come to the floor with practically unanimous agreement. Two cases were unanimous; on another, just a voice vote with two dissents.

John Chafee, ranking Republican, as Senator ROTH, the chairman, would agree, was part of this consensus development from the first. He was instinctively a man of this body, and the national interests always came first. I can recall an occasion on the Committee on Environment and Public Works when we took a vote and afterwards John said: Hold it, hold it, did we just have a vote along party lines? We haven't had one of those in 15 years on this committee.

It happened we had one, and that moment passed.

He was deeply involved in environmental matters—the world environment as well as our own. I tended to emphasize public works, and we had a remarkably reinforcing and effective time, or so we like to think. Everyone has commented on his work.

On the Finance Committee—which not everyone understands is, in fact, also the health committee of the Senate—we deal with Medicare and Medicaid. John did a great many things. The one that was so typical and wonderful was to transmute gradually—over a quarter century—the Medicaid program from a program of health insurance for persons on welfare under title IV(a) of the Social Security Act such that we confined the population who could benefit to those persons who were dependent on welfare and added another incentive to dependency. He slowly moved this program to a health insurance program for low-income Americans. It was brilliantly done, not least of all because he never said he was instituting it; it just happened at his insistent and consistent behest.

The last great matter we addressed together was the effort to postpone, so as not to reject, the Comprehensive Test Ban Treaty. He was deeply involved with that. It is perhaps not easily accessible to others now that he was of a generation—I suppose I was of that generation—who can very arguably be said to owe their lives to the atom bomb. He was with marines already in the Solomon Islands. I was in the Navy; I would soon be on a landing craft. We were all headed for Honshu. The war would go on but then stopped because of that terrible, difficult, necessary decision President Truman made.

It was the most natural thing in the world for someone such as John Chafee to spend the rest of his life, in effect, trying to ensure that such a terrible act never was repeated. He was deeply attached to maintaining the essentials of the antiballistic missile program and believed that a rejection of the test ban treaty would then lead to our insisting on that. He did not prevail, but he was witnessed, as he was all of his life, as a man of valor, a man of courage, and such a decent man.

He was chairman of the Republican Conference. Around 1990, I believe, he was challenged, and openly—legitimately, in politics of our type—as too